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CONFIRMATION NO. 9969

Bib Data Sheet

SERIAL NUMBER 10/806,024	FILING DATE 03/22/2004 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. CRK-101
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APPLICANTS

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** CONTINUING DATA *yes up* *****
 This appln claims benefit of 60/456,400 03/20/2003

** FOREIGN APPLICATIONS *NONE up* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 07/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 1	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

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TITLE

Inhaler case cover

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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